CHECK ONE:		DR-1	ORGANIZATION
☑ This is an initial* Statement of Organization	Reset Form	(Rev. 10/2009)	
☐ This is an amended* Statement of Organization		For Office Use Comm. #	<u> Prity</u>
* Statement must be filed within 10 days of committee accepting contribution incurring debts exceeding \$750. Amendments must be filed within 30 days	of a change.	Indexed	
Effective January 1, 2010, all statements and reports filed by new committee	es for state office must be liled	Audited	
electronically and effective January 1, 2012, all statements and reports filed	by all committees for state office	Computer	
must be filed electronically			
Effective May 1, 2010, all statements and reports for State PACs and State COMMITTEE NAME	condidate's last name in the name	of the committee) If a	mending committee name.
	carididate's last flame in the flame	, alo communico., c	
put old name in ().			
MIKE CLAYTON FOR TREASURER			
IMPORTANT: Indicate type of committee you are reporting for: 5			
4.4 Statewide Content in Judge Standing for Retention Candidate (2))Statewide PAC (3)State Party (4	County Central C	ommittee
(1)Statewide/Legislative/Sudge Statisting for Notifice (2)County Candidate (6)City Candidate (7)School Board or Other I (10)School Board or Other Political Subdivision PAC (11) Ballot Issued (12) Candidate (13) Candidate (13) Candidate (14) Candidate (15)County (15)C	Political Subdivision Candidate (c	n multiple city/cour	nty ballot is sizes)
(10)School Board of Other Pollucal Subdivision FAC (11) Ballot less			T)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (man	datory except for a	candidate's mmittee
Name J Dennis W. Menefee	Robert G. Knowler		
Mailing Address 1924 South Lemon St.	Mailing Address 4001 Old Lakeport Rd.		<u> </u>
Silvustateity, ta zign 908 + +	City, State ↓ ↓ Zip Code ↓ Sloux City, IA 51106	↓	3 22
Phone (712) 276-3327	Phone (712) 276-1763		9
e-Mail dlm1924@cableone.net	e-Mail bKnowler@cableor	ne.net	5 6
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv	vocate for/against candidate(s)	Advocate for ballot is:	sue(s)
Comment or description:		Advocate against ball	lot issue(s)
	County/Local Candidates	and Ballot Issue Co	mmittees Enter:
All Candidates Enter: Office Sought: Woodbury County Treasurer	County: Woodbury		
Political Party (if applicable) Republican	(If active in multiple ballot is	sue elections, attach	list of counties
District: NA	Date of Election: Jun 8,		
District: 14/4	Date of Election: Juli 0,	2010	
lia ni ii a = ii 2010			
Year Standing for Election: 2010			s, if applicable).
Year Standing for Election: 2010 Bank Account Name (must match committee name)	Candidate name & Address or ↓ ↓		s, if applicable). er
Bank Account Name (must match committee name)	<u>Candidate name & Address</u> or ↓ ↓	Parent Entity (PACs	s, if applicable). er
Bank Account Name (must match committee name) ↓ ↓ MIKE CLAYTON FOR TREASURER	Candidate name & Address or ↓ ↓ Michael R. Clayton	Parent Entity (PACs	s. if applicable). or
Bank Account Name (must match committee name) ↓ ↓ MIKE CLAYTON FOR TREASURER Name of Financial Institution/type of Account ↓ ↓	Candidate name & Address or ↓ ↓ Michael R. Clayton Mailing Address ↓ ↓	Parent Entity (PACs	s. if applicable). er
Bank Account Name (must match committee name) ↓ ↓ MIKE CLAYTON FOR TREASURER Name of Financial Institution/type of Account ↓ ↓ Great Southern Bank / Basic Free Checking Account	Candidate name & Address or ↓ ↓ Michael R. Clayton Mailing Address ↓ ↓ 3600 Transit Ave	Parent Entity (PACs Affiliate, or Sponso	<u></u>
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FOR INSTRUCTIONS, SEE BACK OF FORM

STATEMENT

OF

FORM

DR-1